

FOR BOARD USE ONLY

Amount Submitted _____

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FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF SPEECH LANGUAGE-PATHOLOGY/AUDIOLOGY

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.ga.gov/plb/speech

APPLICATION FOR INACTIVATE LICENSE FOR
SPEECH LANGUAGE-PATHOLOGY/AUDIOLOGY

Application Fee \$20.00 (non-refundable)

Name on License		
First	Middle	Last

Social Security #

Birth Date

E Mail Address

ACKNOWLEDGMENT OF RECEIPT OF YOUR APPLICATION AND OTHER BOARD CORRESPONDENCE WILL BE SENT BY EMAIL. YOUR EMAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

Physical Address				
Number and Street (P.O. Box not acceptable)		Apt. No	City/State	Zip

Mailing Address: _____				
(if different)	Number and Street	Apt. No	City/State	Zip

Telephone Number Day

Telephone Number Evening

Signature

Date _____